



Substitute Contact Information Verification - 2018-2019

First Name: _____ Middle: _____ Last Name: _____

Address: _____ City _____ State _____

Zip: _____ Home Phone: _____ Cell Phone: _____

Email Address: _____

Ohio Department of Education Educator ID: _____

Check to make My Profile visible to all districts. (If you check this, you may receive calls from districts other than those you selected for substitute opportunities.)

Please complete ONE of the following statements:

I, _____, wish to remain on the substitute list for the 2018-2019 school year.

OR

I, _____, wish to be removed from the substitute list for the 2018-2019 school year.

Signature _____ Date _____

Check here if you are available to work all days of the week.

If you are only available to work some days of the week, please indicate these days below:

Monday	Tuesday	Wednesday	Thursday	Friday

Signature _____ Date _____